

APPLICATION FOR PERMIT TO DISCHARGE (NDPDES) INDUSTRIAL-SHORT FORM C

NORTH DAKOTA DEPARTMENT OF HEALTH **DIVISION OF WATER QUALITY** SFN 8319 (1-96)

FOR DEPT USE UNLT								
Application Number								
Date Received								

Brief description of nature of operations which produce the discharge City	Mailing Address City State Zip Code										
Check all possible substances which discharge may contain: Aluminum Beylitum Chronium Cyanide Mercury Phenols Zinc Aluminum Beylitum Chronium Copper Lead Nickel Selenium Other Method of Treatment Is TO ROUTE WATER TO: Municipal Sewer System Owner of System If discharge is to a municipal sewer system, skip to signature area at botton OR Carament, Goes to Surface Waters Directly Name of Body of Water OR Other (Specify) Method of Treatment, Goes to Surface Waters Directly Name of Body of Water OR Other (Specify) Method of Treatment, Goes to Surface Waters Directly Name of Body of Water OR Other (Specify) Or Sanitary Wastewater gal/day Cooling Water gal/day Hydrostatic Testing gal/day Process Water gal/day Surface Runoff Water Other: Type / gal/day Process Water Geparate Discharge Points: 1 2 3 4 or more If more than one, attach sheet with locations an types of waters handled at each point. DISCHARGE POINT Range County Provide a brief description of area to which treated discharge flows (i.e., river, unnamed stream, landlocked slough, lake, etc.). Use names whenever	Animonia Cadmium Chromium Cyanide Mercury Phenols Zinc										
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Aluminum	Aluminum	Brief description of nature of operations which produce the discharge									
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Ammonia Cadmium Copper Lead Nickel Selenium Other	Ammonia Cadmium Copper Lead Nickel Selenium Other										
METHOD OF TREATMENT IS TO ROUTE WATER TO: Municipal Sewer System	Municipal Sewer System										
Owner of System	Owner of System Owner of System, skip to signature area and system of System, skip to signature area and system of System, skip to signature area and system of System, skip to signature area and system of Syst										
Size of Each (Acres) Number of Ponds Size of Each (Acres)	OR										
OR Other (Specify) Method of Treating Sanitary Wastes (if different from above) TYPE AND AMOUNT OF WASTEWATER DISCHARGED TO TREATMENT SYSTEM(S) OR WATER OF THE STATE Sanitary Wastewater gal/day	OR	If discharge is to a municipal sewer system, skip to signature area at botton									
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Sanitary Wastewater gal/day	Sanitary Wastewater gal/day										
Sanitary Wastewater gal/day	Sanitary Wastewater gal/day										
Process Water gal/day	Process Water gal/day										
Frequency of Discharge from Treatment Facility (if only certain months please indicate) Sumber of Separate Discharge Points: DISCHARGE POINT LOCATION Latitude 0	Frequency of Discharge from Treatment Facility (if only certain months please indicate) Number of Separate Discharge Points: □ 1 □ 2 □ 3 □ 4 or more If more than one, attach sheet with location										
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		er									

RETURN COMPLETED APPLICATION TO:

North Dakota Department of Health Division of Water Quality P.O. Box 5520 Bismarck, ND 58506-5520

Telephone: 701.328.5210

I certify I am familiar with NDCC 61-28-08 and with the information contained in this application. To the best of my knowledge and belief the information in this application is true, complete and accurate.

Name of Applicant	Title
Signature of Applicant	Application Date